

-003



152865

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page 1 of 3

Row 1	Reporter Name [REDACTED]	Submission date.	Contact person (if different than reporter)	Internal ID 11823
Administrative Data	Address <i>Orlanda; FL</i>		Address	
	Phone # [REDACTED]		Phone #	
	Incident Status: <i>New</i>	Location and date of incident <i>Orlanda; FL</i> <i>04/18/2005</i>	Date registrant became aware of incident. <i>04/25/2005</i>	Was incident part of larger study? <i>No</i>
Row 2	EPA Registration # (Product 1) <i>62719-4</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
Pesticide(s) Involved	A.I. (s)	A.I. (s)	A.I. (s)	
	Product 1 name <i>Vikane Gas Fumigant</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>Not applic</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation:	Formulation:	Formulation:	
Row 3	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway)). <i>See Incident Description Notes</i>	Situation (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/ maintenance of application equipment, manufacturing/ formulating). <i>See Incident Description Notes</i>	
Incident Circumstances	Applicator certified PCO? <i>UNK</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff) <i>See Incident Description Notes</i>			

DERBI: 152865
Report: Yes ☒ No ☐
If no, why: _____
Date: *3-5-05*

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Brief description of incident circumstances.

--- Mon Apr 25; 2005 @ 13:35 By 103:Leo Sioris ---Caller's father's home was tented last week some time and then he was allowed back in. He spent the first day back cleaning and vacuuming and developed some abdominal pain. This was last Monday. He was not feeling well Tuesday and wed either. Went into the hospital last Thursday. They said he had a virus and sent him home. He continued to have some sx's and is at home now and daughter wants the docs to evaluate for Vikane exposure. He lives alone. I told her that this was not the type of presentation of sx's that one would expect and that they tested the air and it was fine for him to reenter. Explained sx's of vikane and its chemical characteristics. Told her to have her father's docs call us if they would like to get more information.

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Demographic information: Age: 71 Years . Sex: Male Occupation (if relevant) No	Exposure route: Inhalation/nasal	Was adverse effect result of suicide/homicide or attempted suicide/homicide? No	Was protective clothing worn (specify)? Not Applicable
If female, pregnant? Did not query	Was exposure occupational? No If yes, days lost due to illness:	Time between exposure and onset of symptoms: <12 hours	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). Health Care Facility Eval	List signs/symptoms/adverse effects Gastrointestinal-Abdominal Pain		If lab tests were performed, list test names and results (If available, submit reports) Non-Reported
Exposure data: NA Amount of pesticide: NA Exposure duration: Acute <= 8 Hours Patient weight: UNK			
Human severity category: HC			
<p>This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)</p> <p>Symptom of abdominal pain is not suggestive of excessive exposure to Vikane or chloropicrin. Re-entry into a treated dwelling is not permitted until measured Vikane air concentrations drop below 5 ppm within the treated structure, a level known to be well below the threshold for potential toxicity.</p>			
			Internal ID # 11823